

2009 COLORADO FIGURE SKATING CHAMPIONSHIPS
ENTRY FORM FOR SYNCHRONIZED SKATING TEAMS ONLY

Name of Team: _____ Team Level: _____

Previous qualifying competition experience and placement: _____

Name of Contact Person: _____ Phone Number: _____

Address of Contact Person: _____ E-Mail Address: _____

Name of Coach: _____ Coach USFSA #: _____ Phone Number: _____

List names, birthdates, USFSA number, home club, and highest test passed of each skater on team:

| Name | Birthdate | USFSA | Home Club | Highest Test |
|------|-----------|-------|-----------|--------------|
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| 24. | | | | |

If you have more than 24 members on the team, please attach a sheet of paper listing the additional members and related information.

Club certification for synchronized skating team entries: The above named team represents our club and has our permission to represent our club in synchronized skating events.

Club Officer Title Club Date